Only

PAGE 1/5

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) TE Connectivity Corporation Political Action Committee TEPAC 601 13th Street, NW ADDRESS (number and street) Suite 850 South (Check if address is changed) Washington 20005-DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS outsourcing@aristotle.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 01 2019 C00433482 FEC IDENTIFICATION NUMBER 3. IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Canale, Meghan, , , Type or Print Name of Treasurer Canale, Meghan, , , [Electronically Filed] 01 2019 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

FEC Fo	orm 1 (Revised 02/2009)	Page 2
	COMMITTEE Committee:	
(a)	This committee is a principal campaign committee. (Complete the candidate information below.))
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.)	plete the candidate
Name of Candidate		
Candidate Party Affiliat	Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Cor		(Democratic,
(d)		Republican, etc.) Party.
Political A	action Committee (PAC):	
(e) x	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor-	nnected organization is a
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	egregated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fund	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
Com	nmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4		

_	_				_
	FFC Form 1 (Davissed)	22/2000)			Daga 3
١٨	FEC Form 1 (Revised of Vrite or Type Committee Name				Page 3
	•		l Astion Co	:	D A C
		Corporation Politica			
6.	Name of Any Connected C	Organization, Affiliated Committee, Join	nt Fundraising Repres	sentative, or Leadership	PAC Sponsor
Т	E Connectivity Corpo	oration			
	Mailing Address	1050 Westlakes Dr			
	Mailing Address				
		Berwyn		PA 19312-2400	<u> </u>
		CITY		STATE ZI	P CODE
	Relationship: X Connected	d Organization	Joint Fundraising R	Representative Leade	ership PAC Sponsor
			3		
	Custodian of Records: Ider books and records.	ntify by name, address (phone number	optional) and position	n of the person in posse	ession of committee
	books and records.				
	Full Name				
	Mailing Address				
	Title or Position	CITY		STATE ZI	P CODE
	The of Fosition	CITT	3	SIAIE ZI	P CODE
			Telephone numb	er	
3.	Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) of	the treasurer of the c	committee; and the name	e and address of
	Full Name Canale, Months of Treasurer	eghan, , ,			
	Mailing Address	1050 Westlakes Dr			
		Ste 100			
		Berwyn		PA 19312-2400) - , , ,
		CITY	S	TATE ZII	P CODE
	Title or Position Treasurer	ı		, 619 , , 24	0 , , 3456 ,
			Telephone number	er =	

FEC Form	n 1 (Revised 02/2009)	Page 4
Full Name of Designated Agent	Rosellini, Courtney, J., ,	
Mailing Address	601 13th Street, NW	
-	850 South	
	Washington DC 20005-3807 CITY STATE ZIP	CODE
Title or Position Assistant Treas	urer Telephone number	_ _ 9661
	Depositories: List all banks or other depositories in which the committee deposits funds, holds accoxes or maintains funds.	counts, rents
Name of Bank, I	Depository, etc. Bank of America, N.A.	
Name of Bank, I		
	Bank of America, N.A. P.O. Box 25118	
	Bank of America, N.A.	
	Bank of America, N.A. P.O. Box 25118 Tampa FL 33622	CODE
	Bank of America, N.A. P.O. Box 25118 Tampa FL 33622 CITY STATE ZIP	CODE
Mailing Address	Bank of America, N.A. P.O. Box 25118 Tampa FL 33622 CITY STATE ZIP	CODE
Mailing Address	Bank of America, N.A. P.O. Box 25118 Tampa FL 33622 CITY STATE ZIP Depository, etc.	CODE
Mailing Address Name of Bank, I	Bank of America, N.A. P.O. Box 25118 Tampa FL 33622 CITY STATE ZIP Depository, etc.	
Mailing Address Name of Bank, I	Bank of America, N.A. P.O. Box 25118 Tampa FL 33622 CITY STATE ZIP Depository, etc.	CODE

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: F1N Transaction ID:

Amendment to update PAC address.

Form/Schedule: Transaction ID: